

L14000095403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

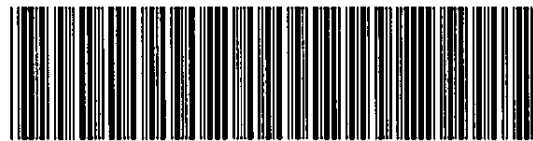
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800292322488

11/17/16--01010--018 **25.00

FILED
2016 NOV 17 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Becoming Alpha Performance, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Tweedie
(Name of Person)

Becoming Alpha Performance, LLC
(Firm/Company)

5764 Aquatic Dr
(Address)

Atlantic Beach, FL, 32233
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Tweedie at (904) 508-6202
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2016 NOV 17 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Becoming Alpha Performance, LLC

2. The Articles of Organization were filed on 6/13/2014 and assigned

document number 614000095403

3. The delayed effective date the dissolution if not effective on the date of filing: 11/20/16
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Lack of sufficient income to continue operating

profitably due to client loss.

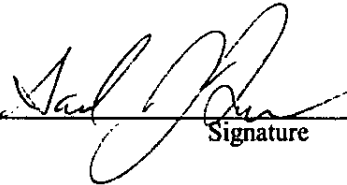
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Samuel J Threlie

564 Aquatic Dr

Atlantic Beach, FL 32233

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Samuel J Threlie
Printed Name

FILING FEE: \$25.00

FILED
2016 NOV 17 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Becoming Alpha Performance, LLC

Document number of Limited Liability Company is: L14000095403

Date of dissolution was: 11/20/16

Description of information that must be included in a written claim:

outstanding balances, copy of agreement, agent to contact to
settle agreement

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5641 Aquatic Dr
Atlantic Beach, FL, 32035

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Samuel J Tweedie
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing